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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/565,204 – Conf. No. 9281
	Filing Date	January 20, 2006
	First Named Inventor	Michael J. HAZELWOOD
	Art Unit	2622
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	41557-227572

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Inventor Declaration <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement, PTO/SB/08A (1 Ref.) <input type="checkbox"/> Claim for Priority and Certified Document <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Assignment	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Robert Kinberg		
Date	August 23, 2007	Reg. No.	26,924

#863384



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/55,204 – Conf. No. 9281
TOTAL AMOUNT OF PAYMENT (\$) - 0 -		Filing Date	January 20, 2006
		First Named Inventor	Michael J. HAZELWOOD
		Examiner Name	To Be Assigned
		Art Unit	2622
		Attorney Docket No.	41557-227572

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____ - 20 = _____	x _____	= _____	_____	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____ - 3 = _____	x _____	= _____	_____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	26,924
Name (Print/Type)	Robert Kinberg	Telephone	(202) 344-4000
		Date	August 23, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael J. HAZELWOOD *et al.*

Appln. No. 10/565,204

Confirmation No. 9281

Filed: January 20, 2006

For: SMEAR REDUCTION IN CCD IMAGES

Art Unit: 2622

Examiner: To Be Assigned

Atty. Docket No. 41557-227572

Customer No.

26694

PATENT TRADEMARK OFFICE

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the document listed on the attached Form PTO/SB/08A, which was cited in the specification of the subject application. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the document be made of record therein and appear on any patent to issue therefrom. A copy of document **BC** is enclosed.

This Second Supplemental Information Disclosure Statement is being filed before the mailing date of a first Office Action on the merits, as far as is known to the undersigned (37 C.F.R. § 1.97(b)(3)).

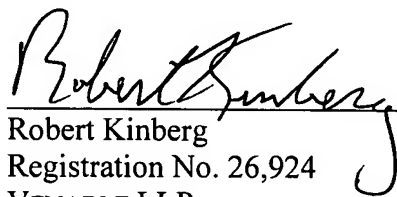
In accordance with 37 C.F.R. § 1.97(g), the filing of this Second Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists. In accordance with 37 C.F.R. § 1.97(h), the filing of this Second Supplemental Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that this Second Supplemental Information Disclosure Statement is in compliance with 37 C.F.R. § 1.98, and the Examiner is respectfully requested to consider the listed documents.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0261, under Order No. 41557-227572. A fee transmittal is also enclosed.

Respectfully submitted,

Date: August 23, 2007


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PTO/SB/08A/B (09-06)

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/582,5574 – Conf. No. 9281
				Filing Date	June 9, 2006
				First Named Inventor	Maher KalajiHAZELWOOD
				Art Unit	2622
				Examiner Name	To Be Assigned
Sheet	1	of	1	Attorney Docket Number	41557-227572

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁴
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
	BC	EP 0 866 601 B1	12-15-2004	E2V Technologies (UK) Limited		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * CITE NO.: Those application(s) which are marked with an single asterisk (*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached

Examiner Signature		Date Considered	
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